

[illegible]

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>391313</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>06/07/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>UPMC COLE</b>  STATE LICENSE NUMBER: <b>031801</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1001 EAST SECOND STREET COUDERSPORT, PA 16915</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 1521	Continued from page 1  115.31 (a) POLICIES/PROCEDURES FOR PATIENT RECORDS  115.31 Patient medical records  (a) An adequate medical record shall be maintained for every inpatient, outpatient, and patient treated or examined in the emergency unit. This record shall contain data from all episodes of care and treatment of the patient, whether services were performed on an inpatient basis, on an outpatient basis, or in the emergency unit. The unit record system should be used whenever feasible. When it is not feasible or appropriate to combine all inpatient, outpatient and emergency records of an individual patient into a unitary record, a system shall be established to:  This REGULATION is not met as evidenced by:	P 1521	The organization has implemented the following corrective actions to ensure staff followed the facility's accepted standards of care for performing physician reassessments and documentation of care for patients in the Emergency Department (ED) for greater than twelve hours: - Education will be provided to all the physicians in the Emergency Department. The education will consist of a review of the expectation that patient reassessments and documentation for ED patients with greater than 12-hour stay are performed by the ED provider at least once a shift or when a change in provider/condition occurs. The education will be completed by July 31, 2023 - Responsible Person: ED Medical Director - Audits: The ED unit Director or designee will audit 100% of ED records of patients who are in the ED for greater than 12 hours, waiting for inpatient admission or transfer to another facility to ensure compliance	Completion Date: <b>07/31/2023</b> Status: <b>APPROVED</b> Date: <b>07/10/2023</b>	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>391313</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>06/07/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>UPMC COLE</b>  STATE LICENSE NUMBER: <b>031801</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1001 EAST SECOND STREET COUDERSPORT, PA 16915</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 1521	Continued from page 2	P 1521	with a physician reassessment being completed at least once per shift. - Compliance: Audits will continue until 100% compliance with documentation of a reassessment being documented at least once per shift on patients boarding in the ED is achieved for three (3) consecutive months. - Audits will be reviewed by the <del>ED</del> ED Medical Director monthly with additional follow up if necessary. These results will also be share at the ED service line meeting.		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>391313</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>06/07/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>UPMC COLE</b>  STATE LICENSE NUMBER: <b>031801</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1001 EAST SECOND STREET COUDERSPORT, PA 16915</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 1521	<p>Continued from page 3</p> <p>Based on review of facility documents, medical records (MR), and staff (EMP) interviews, it was determined the facility failed to ensure patients in the Emergency Department (ED) with a stay greater than 12 hours were re-examined every shift or when a change in provider or condition occurred for three out of ten medical records reviewed (MR1, MR2, and MR5).</p> <p>Findings included:</p> <p>Review on June 7, 2023, of the facility policy, "Reassessment of long-duration ED patients," last reviewed November 16, 2022, revealed "Purpose: To provide for reassessment of patients expected to stay greater than 12 hours in the emergency department. ... Implementation: 1. Any patient expected to stay in the ED longer than 12 hours shall be re-examined every shift or when a change in provider/condition occurs. ..."</p> <p>Review on June 7, 2023, of MR1 revealed the</p>	P 1521			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>391313</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>06/07/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>UPMC COLE</b>  STATE LICENSE NUMBER: <b>031801</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1001 EAST SECOND STREET COUDERSPORT, PA 16915</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 1521	<p>Continued from page 4</p> <p>patient was admitted on April 13, 2023, at 1526. The patient was seen by a provider at 1730, and discharged on April 14, 2023, at 0946. There was no documentation the patient was re-examined every shift or with a change in the provider.</p> <p>Interview with EMP2, on June 7, 2023, at 1135, confirmed the above findings for MR1.</p> <p>Review on June 7, 2023, of MR2 revealed the patient was admitted on April 11, 2023, at 0646. The patient was seen by a provider at 0701, and discharged on April 12, 2023, at 1532. There was no documentation the patient was re-examined every shift or with a change in the provider.</p> <p>Interview with EMP2 on June 7, 2023, at 1155 confirmed the above findings for MR2.</p> <p>Review on June 7, 2023, of MR5 revealed the patient was admitted on June 5, 2023, at 0940. The patient was seen by a provider at 1015, and</p>	P 1521			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>391313</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>06/07/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>UPMC COLE</b>  STATE LICENSE NUMBER: <b>031801</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1001 EAST SECOND STREET COUDERSPORT, PA 16915</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 1521	Continued from page 5  discharged on June 8, 2023, at 1545. There was no documentation the patient was re-examined every shift or with a change in the provider.  Interview with EMP2 on June 7, 2023, at 1215 confirmed the above findings for MR5. EMP2 confirmed the ED providers are aware any patient in the ED greater than 12 hours require a reassessment every shift or when a change in the provider or patient condition occurs.	P 1521			



# Certified End Page

**UPMC COLE**

**STATE LICENSE NUMBER: 031801**

**SURVEY EXIT DATE: 06/07/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY